

LICENSURE STATUS VERIFICATION FOR SUPPLEMENTAL POSITIONS
(Per HB 491)
(New and Renewal)

Name _____

Date of Birth _____ (if known)

Position _____

(Pupil Activity Coach, Advisor, Volunteer, etc.)

PUPIL ACTIVITY PERMITS

Any person in a position that requires a pupil activity permit must obtain the permit BEFORE the person begins providing services to the school. The person will not be paid for any time prior to obtaining a valid pupil activity permit. Exception to this rule will be if we have a coach leaves within a couple of weeks of the season starting or in the middle of the season. This exception should be applied spradically.

Does the person currently hold a valid pupil activity permit? ____ Yes ____ No

Credential Number _____

Issue date: _____

In No why: _____

PRINCIPAL CERTIFICATION

Through my signature below, to the best of my knowledge, this person is eligible for the position I am recommending them for, and I am requesting a second interview by the Superintendent.

Principal Name _____

Signature

Date

SUPERINTENDENT CERTIFICATION

Through my signature below, I hereby certify that to the best of my knowledge the information provided on this form is true and accurate. Further, I certify that I, or my staff, have verified through the Ohio Department of Education’s online educator profile tool that the person either holds a valid license/permit or has submitted to the Ohio Department of Education an application for the required license/permit.

Superintendent Name _____

Signature

Date

*Note: the Ohio Department of Education’s online educator profile tool to verify license and application status can be found at:

<https://coreprodint.ode.state.oh.us/core2.3/ode.core.EducatorProfile.UI/EducatorSearch.aspx>